

PART B - FEE(S) TRANSMITTAL

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7590 12/01/2004

Thomas H. Close
Patent Legal Staff
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343 State Street
Rochester, NY 14650-2201 10084006
02/22/2005 MBERHE1 00000054 050225

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

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June P. Castagna (Depositor's name)
Joyce P. Castagna (Signature)
February 16, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/084,006	02/27/2002	Andrew C. Gallagher	84094THE	6686 RLW

TITLE OF INVENTION: METHOD FOR SHARPENING A DIGITAL IMAGE WITHOUT AMPLIFYING NOISE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	03/01/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PERUNGAVOOR, SATHYANARAYA V	2625	382-264000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thomas H. Close
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EASTMAN KODAK COMPANY

343 STATE STREET, ROCHESTER, NY 14650-2201

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0225 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Mark G. Bocchetti

Date 2/16/05

Typed or printed name

Mark G. Bocchetti

Registration No. 31,330

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